

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/537249

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1	/	/		
4		2				
5	1		1			
6		1	/	/		
7		1		1		
8		1	/	/		
9			1			
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	7	↔	3	↔		↔
TOTAL CLAIMS	9	[REDACTED]	5	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						↓
TOTAL DEP.						↔
TOTAL CLAIMS						↔